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**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Oleksandr Johnson
Title	Braids Furniture Related to Controlling
Art Unit	
Examiner Name	
Attorney Docket Number	QXN-01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioner(s) associated with the Customer Number:

23808

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Name	Registration Number

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(e) is enclosed. (Form PTO/SB/08)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	Sept 28 2006
Name	Oleksandr Johnson	Telephone	4733849877
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. If more than one signature is required, see below.

"Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.21, 1.32 and 1.33. This information is required to obtain or retain a benefit by the public which is to be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEEDBACK ON COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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